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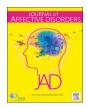
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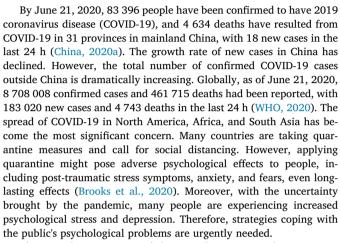
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Hotline services in China during COVID-19 pandemic



The spread transmission of the virus between people puts a significant obstacle in face-to-face contacts, including face-to-face social interaction and psychological services. Given the circumstances, various forms of online mental health services have boomed in China (Liu et al., 2020). However, the practice in China indicated that online mental health services could not replace crisis hotlines. Many people still have limited access to Internet-based information or services, do not know how to use the applicants, or even do not have a smartphone. National Health Commission of China has published guidelines for psychological assistance hotlines during the COVID-19 epidemic guiding social organizations to establish free hotlines providing psychological services for people in need on February 7 (China, 2020b). There were 63 crisis hotlines in China before the COVID-19 epidemic. As of March 27, 2020, a total of 625 hotlines have been announced in 31 provinces in China, with over 200 000 calls were answered (China, 2020c).

"Xinxinyu" hotline in Wuhan Mental Health Center recruited 170 volunteers urgently in response to people's psychological needs during the COVID-19 epidemic. From February 4 to February 24, 2 653 calls have been answered, mostly from residents in Wuhan. Among them, 33.5% reported anxiety symptoms, 10.1% expressed depressive symptoms, and 5.5% had sleeping problems (Li et al., 2020). Crisis hotline services are also highly needed outside of Wuhan. The crisis hotline in the Affiliated Brain Hospital of Guangzhou Medical University (Guangzhou, China), the second-largest hotline in China before the COVID-19 epidemic, has also expanded their services to help those in need in the epidemic. A total of 8 805 calls were answered from January 23 to March 26, of which 1 973 (22.4%) related to the COVID-19 epidemic, and 523 calls (26.5%) were emotional problems directly caused by COVID-19 including anxiety, fear, worry, and hypochondriasis symptoms.

Out of the 625 hotlines in China, 420 (67.2%) are providing 24-hour



services, seven days a week. Our experiences in Guangzhou show that most calls are made between 7 am to 10 pm. Therefore, our practical suggestion to other countries who would like to expand their hotline services to deal with COVID-19 related emotional problems is that the service should cover more than regular working hours and working days.

Most hotlines in China are established recently to meet the increasing psychological demands during the epidemic. As a result, majority of the new hotlines only received few calls, while many pre-existing hotlines were swamped with phone calls. To increase the answering seats of existing crisis hotlines through modern technology seems to be a better idea than simply opening more new hotlines. Raising public awareness by advertising hotline services is of crucial importance.

A great many mental health workers have joined the hotline services as volunteers. However, crisis hotline is a highly specialized service that can be very different compared to traditional mental health services. The volunteered mental health workers need to be prepared not only for the crisis intervention skills, but also COVID-19 pandemic related knowledge because the anxiety of callers can be a normal emotional response to the actual threat. Sufficient training for volunteers before providing crisis hotline services is recommended. Moreover, volunteers should be under the guidance of experts. They could help screen callers with high psychological stress and give a referral to the professionals.

In general, crisis hotlines can effectively provide not only a platform for dealing with psychological stresses, but also instrumental and informational help. Even though the strategy to address psychological needs in such a pandemic is not a one-size-fits-all approach globally, China's experience in developing psychological hotlines can provide useful information for other countries to tailor their approaches in their social and cultural context.

Declarations of Competing Interest

None.

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